



# Nursing Documentation to Support PDPM



# Overview of Nursing Document **TO SUPPORT PDPM**

- Brief Interview for Mental Status (BIMS)
- PHQ-9 Mood Interview
- GG: Functional Abilities and Goals
- Diagnosis Coding to Support Clinical Category Mapping
- Diagnosis Coding to Support Nursing and NTA Component
- Mechanically Altered Diet
- Nursing Related Categories



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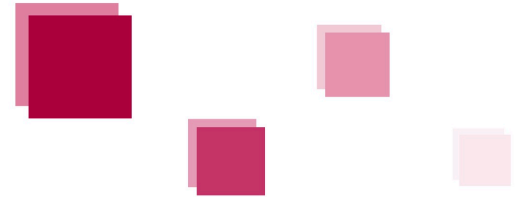
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# POWERING POTENTIAL FOR 40 YEARS



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## WHO WE ARE

Concept Rehab offers highly specialized resources to help post-acute care providers achieve their goals beyond the walls of therapy. Bringing together experienced therapists, strategic business navigation tools and proprietary thought leadership with a foundation of commitment, respect and integrity, we provide individualized support for each partner's daily needs and long-term success.

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## THERAPIST POWERED FOR OVER 40 YEARS

- Headquartered in Toledo, Ohio
- Robust footprint throughout the Midwest
- Privately owned, therapist operated
- Innovative partnerships for industry success
- Bench strength and depth of internal expertise
- Business navigation that empowers our customers
- Ahead of industry headwinds to propel results



PDPM IMPACT  
**CASE MIX CATEGORIES**



Patient Driven Payment Model

# Skilled Nursing Facility

## **CURRENT HEADWINDS**



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### **PDPM Preparedness**

69 days until 10/1/19

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### **Interdisciplinary Collaboration**

Increased need for IDT team being able to see the whole picture

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### **Enhancing Nursing Documentation**

Documentation must support items marked on the MDS and skilled care

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### **Final RAI Manual Release**

Expected to be released prior to 10/1/19. Clarifications expected.

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### **Final Rule 2020 Release**

Expected Clarification on group therapy proposed rule change. Usually released end of July/early Aug.



30.2.2.1 Documentation to Support Skilled Care Determinations  
**Medicare Benefit Policy Manual Chapter 8**

**THE PATIENT'S MEDICAL RECORD MUST DOCUMENT:**

- The history and physical exam pertinent to the patient's care
- The skilled services provided
- The patient's response to the skilled services provided during the current visit
- The plan for future care based on the rationale of prior results
- A detailed rationale that explains the need for the skilled service in light of the patient's overall medical condition and experiences
- The complexity of the service to be performed
- Any other pertinent characteristics of the beneficiary



## CH 1: Resident Assessment Instrument (RAI) **CMS's RAI Version 3.0 Manual**

- While CMS does not impose specific documentation procedures on nursing homes in completing the RAI, documentation that contributes to identification and communication of a resident's problems, needs, and strengths, that monitors their condition on an on-going basis, and that records treatment and response to treatment, **is a matter of good clinical practice and an expectation of trained and licensed health care professionals.**
- Good clinical practice is an expectation of CMS.
- Completion of the MDS does not remove a nursing home's responsibility to document a more detailed assessment of particular issues relevant for a resident.
- Documentation must substantiate a resident's need for Part A SNF-level services and the response to those services for the Medicare SNF PPS.

## PDPM Documentation Considerations

PDPM Areas of Impact	Documentation Considerations	MDS Items
<b>Brief Interview for Mental Status (BIMS)</b>	Consider who at your facility is best equipped to conduct the BIMS interview. The interview must be conducted within the look-back period of the ARD and the medical record should demonstrate that it was completed timely. Some residents may need interviewed at different times during the day to accurately reflect cognitive fluctuations.	C0200- C0500
<b>PHQ-9 Mood Interview</b>	Consider who at your facility is best equipped to conduct the mood interview. Residents are more likely to answer questions honestly if there is a prior established relationship. The interview must be conducted within the look-back period of the ARD and the medical record should demonstrate that it was completed timely. Read and show the resident a card with the symptom frequency choices.	D0200- D0300
<b>GG: Functional Abilities and Goals</b>	Section 6G should be coded using an interdisciplinary process based on actual resident performance including direct observation, resident self-report, reports from clinicians, care staff, or family that is documented in the resident's medical record during the three-day assessment period. Documentation in the medical record should support the coding of "usual performance".	GG0130A-C, GG0170B-F, GG0170J-K
<b>Diagnosis Coding to Support Clinical Category Mapping</b>	The diagnosis entered in I0020B will determine the clinical category under PDPM. This diagnosis code should be validated that it maps to a clinical category and is not "return to provider". This diagnosis represents the primary reason for the resident's SNF PPS stay (not necessarily the primary diagnosis the hospital used). Ensure this is an interdisciplinary process and the diagnosis chosen is communicated to all team members. Skilled documentation should support this diagnosis code.	I0020B
<b>Diagnosis Coding to Support Nursing and NTA Component</b>	Consider your facility process obtaining and reviewing hospital records for new admissions. There are 50 conditions and extensive services that if marked on the MDS will impact the NTA. There are approximately 10 diagnoses that if marked on the MDS, can impact the Nursing category. The diagnosis codes have to be physician documented in the last 60 days and considered active in the last 7 days from the ARD.	I0100-18000
<b>Signs and Symptoms of a Swallowing Disorder</b>	The coding of possible swallowing disorders is based on the presence of certain signs and symptoms during the 7-day look-back of the ARD. Nursing staff should be trained to monitor for and document these specific symptoms. The person completing this section of the MDS should ask the resident if he/she had difficulty swallowing, observe the resident during meals or at other times when he/she is eating, drinking or swallowing, interview staff members on all shifts, and review the medical record including nursing, physician, dietician, and speech language pathologist notes.	K0100
<b>Mechanically Altered Diet</b>	Documentation in the medical record should identify if a mechanically altered diet was delivered in the 7-day look-back period. This includes "a diet specifically prepared to alter the texture or consistency of food to facilitate oral intake." This includes when speech therapy completes trials of different consistencies to determine safety with diet level. Review entire medical record for evidence of altered diet delivery.	K0510C2
<b>Nursing Related Categories</b>	Multiple items coded on the MDS impact the Nursing category for PDPM. This includes making sure the IDT, including direct care nursing staff are documenting all treatments, procedures, medications, and interventions delivered in the medical record. This includes but is not limited to documenting behaviors, ostomy care, catheterization, incidences of shortness of breath while lying flat, fever, vomiting, weight loss, tube feeding, skin conditions, skin treatments, insulin injections, chemotherapy, radiation, use of oxygen, tracheostomy care, IV medications, suctioning, dialysis, isolation, respiratory therapy, and the delivery of Restorative Nursing Programs.	E, H, J, M, N, O

Download a copy:

Presentation

PDPM Documentation Considerations

Nursing PDPM Category Guide

PDPM ICD-10 Simplified



# PDPM IMPACT & DOCUMENTATION CONSIDERATIONS

“

Under PDPM there will be a renewed focus on ensuring the delivery of skilled care is thoroughly documented and supported in the medical record to support ALL components of PDPM.

”



Impaired Cognition

## Brief Interview for Mental Status (BIMS)

### PDPM IMPACT

Presence of cognitive impairment identified in Section C of MDS impacts ST

Component of PDPM.

\*12 or less qualifies as cognitively impaired

### DOCUMENTATION CONSIDERATIONS

- ✓ Most residents are able to attempt the BIMS
- ✓ Review interview process
- ✓ Right person completing interview
- ✓ Interview during look-back period of ARD
- ✓ Medical record demonstrate timely interview
- ✓ Cognitive levels fluctuate throughout day

PDPM Cognitive Level	BIMS	CPS
Cognitively Intact	13-15	0
Mildly Impaired*	8-12	1-2
Moderately Impaired*	0-7	3-4
Severely Impaired*	-	5-6

Depression

# PHQ-9 Mood Interview

## PDPM IMPACT

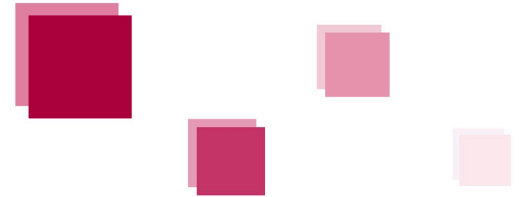
Responses to the PHQ-9 can indicate possible depression. A score of  $>$  or  $=$  10 impacts the Nursing component of PDPM for categories: Special Care High, Special Care Low, and Clinically Complex.

## DOCUMENTATION CONSIDERATIONS

- ✓ Most residents who are capable of communicating can answer questions about how they feel.
- ✓ Mood disorders are common in nursing homes and are often underdiagnosed and undertreated.
- ✓ Right person completing interview (prior established relationship)
- ✓ Interview during look-back period of ARD
- ✓ Medical record demonstrate timely interview

Total Severity Score	
Minimal depression	1-4
Mild depression	5-9
Moderate depression	10-14
Moderately sever depression	15-19
Severe depression	20-27

## Section GG: Functional Abilities and Goals



### **PDPM IMPACT**

Separate GG function scores determined for therapy (PT and OT) and Nursing component of PDPM. Therapy function score ranges from 0-24 and Nursing function score ranges from 0-16.

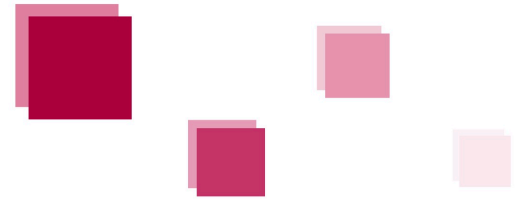
### **DOCUMENTATION CONSIDERATIONS**

- ✓ Three day data collection period
- ✓ Usual Functioning
- ✓ Interdisciplinary approach (Therapy is only a piece to the equation)
- ✓ Outcome data being collected for QRP
- ✓ Prior to therapeutic intervention

*Direct observation, resident self-report, reports from clinicians, care staff, or family that is documented in the resident's medical record during the three-day assessment period.*



## Section GG: Functional Abilities and Goals



Therapy Function Score:	Therapy Function Score:	Nursing Function Score:
GG0130A1 – Self Care: Eating	0-4	0-4
GG0130B1- Self Care: Oral Hygiene	0-4	N/A
GG0130C1- Self Care: Toileting Hygiene	0-4	0-4
GG0170B1- Mobility: Sit to Lying GG0170C1- Mobility: Lying to Sitting on side of bed	0-4 (average of these two items)	0-4 (average of these two items)
GG0170D1- Mobility: Sit to Stand GG0710E1- Mobility: Chair/bed-to-chair transfer GG0710F1- Mobility: Toilet Transfer	0-4 (average of these three items)	0-4 (average of these three items)
GG0170J1- Mobility: Walk 50 feet with 2 turns GG0170K1- Mobility: Walk 150 feet	0-4 (average of these two items)	N/A
<b>Total Function Score</b>	0-24 Range	0-16 Range



# Clinical Category Mapping

## Primary Diagnosis I0020B

### PDPM IMPACT

The diagnosis entered in I0020B will determine the clinical category under PDPM. This impacts the PT, OT, and ST component of PDPM.

### DOCUMENTATION CONSIDERATIONS

- ✓ Strengthen facility process for identifying primary diagnosis
- ✓ Validate that ICD-10 code maps to clinical category. (Avoid “return to provider”)
- ✓ Primary reason for SNF stay (not necessarily hospital diagnosis)
- ✓ IDT process
- ✓ Skilled documentation should support primary diagnosis.

PT/OT Clinical Categories
Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery and Acute Neurologic
Other Orthopedic
Medical Management

# Nursing and NTA Component Diagnosis Coding

## Other areas in Section I that will impact reimbursement under PDPM

I2000 Pneumonia	NSG	I5100 Quadriplegia	NSG
I2100 Septicemia	NSG	I5200 Multiple Sclerosis	NSG NTA
I2500 Wound Infection Code	NTA	I5300 Parkinson's Disease	NSG
I2900 Diabetes Mellitus	NSG NTA	I5500 Traumatic Brain Injury	SLP
I4300 Aphasia	SLP	I5600 Malnutrition	NTA
I4400 Cerebral Palsy	NSG	I6200 Asthma, COPD, Chronic Lung Disease	NSG NTA
I4500 CVA, TIA, Stroke	SLP	I6300 Respiratory Failure	NSG
I4900 Hemiplegia or hemiparesis	SLP NSG	I1700 Multi-Drug Resistant Organism	NSG

## Free-text responses in I8000 that will impact reimbursement under PDPM

Lung transplant status	NTA	End-stage liver disease	NTA	Complications of specified implanted device or graft	NTA	Severe skin burn or condition	NTA
Major organ transplant status	NTA	Chronic myeloid leukemia	NTA	Inflammatory bowel disease	NTA	Speech and Language deficits	SLP
Opportunistic infections	NTA	Specified hereditary metabolic/immune disorders	NTA	Aseptic necrosis of bone	NTA	Disorders of immunity	NTA
Bone/joint/muscle infection/necrosis	NTA	Morbid obesity	NTA	Cardio-respiratory failure and shock	NTA	Cirrhosis of liver	NTA
Cystic fibrosis	NTA	Endocarditis	NTA	Chronic pancreatitis	NTA	Respiratory arrest	NTA
Psoriatic arthropathy and systemic sclerosis	NTA	Myelodysplastic syndromes and myelofibrosis	NTA	System lupus erythematosus, other connective tissue disorders, and inflammatory spondylopathies	NTA	Pulmonary fibrosis and other chronic lung disorders	NTA
Immune disorders	NTA	Proliferative diabetic retinopathy and vitreous hemorrhage	NTA	Diabetic retinopathy	NTA	Amyotrophic lateral sclerosis	SLP
Dysphagia	SLP	Oral cancers	SLP	Apraxia	SLP	Laryngeal cancer	SLP
Intractable epilepsy	NTA	Narcolepsy and Catalepsy	NTA				

# Signs and Symptoms

## Swallowing Disorder

### PDPM IMPACT

The presence of signs or symptoms of possible swallowing disorders identified in section K0100 impacts the ST Component of PDPM.

### DOCUMENTATION CONSIDERATIONS

- ✓ 7 day look-back period from 5-day or IPA ARD.
- ✓ Education of Nurses, Nursing Assistants, IDT, and therapy staff on signs and symptoms to monitor and document.
- ✓ Ask resident if he/she had symptoms
- ✓ Observe resident
- ✓ Interview staff members on all shifts
- ✓ Review medical record (nursing, physician, dietician, **Speech Therapy notes**)

Section K	Swallowing/Nutritional Status
K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above



# Delivery of **Mechanically Altered Diet**

## **PDPM IMPACT**

The delivery of a mechanically altered diet including “a diet specifically prepared to alter the texture or consistency of food to facilitate oral intake” can impact the ST Component of PDPM.

## **DOCUMENTATION CONSIDERATIONS**

- ✓ 7 day look-back period from 5-day or IPA ARD
- ✓ Presence of documentation/evidence in the medical record
- ✓ Speech therapy trials
- ✓ Physician orders

### **K0510. Nutritional Approaches**

Check all of the following nutritional approaches that were performed during the last 7 days

**C. Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)

# Support of **Nursing Related Categories**

## **PDPM IMPACT**

Multiple items coded on the MDS impact the Nursing Category of PDPM. This includes but is not limited to sections: **B, C, D, E, H, I, J, M, N, O.**

## **DOCUMENTATION CONSIDERATIONS**

- ✓ Nursing knowledge and education in assessing and monitoring for certain conditions and complexities
- ✓ Role of Clinical Documentation Specialist
- ✓ Reviewing documentation prior to ARD
- ✓ Refer to Nursing PDPM Category Guide

# Support of Nursing Related Categories



## QUICK GUIDE

### PDPM NURSING COMPONENT

Extensive Services	PDPM RUG	Conditions/ Services	Nursing Function Score	CMI
Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident	ES3	Trach and Vent	0-14	4.04
	ES2	Trach or Vent	0-14	3.06
	ES1	Infection Isolation	0-14	2.91
<b>Special Care High</b>				
Comatose; septicemia; diabetes w/ daily inj. & order changes on 2+ days; quadriplegia with Nursing Function score <=11; COPD and SOB while lying flat; fever with pneumonia, vomiting, tube feed, or weight loss; parenteral/IV feedings; respiratory therapy for 7 days PHQ score >= 10 depression qualifier	HDE2	Depression	0-5	2.39
	HDE1	No Depression	0-5	1.99
	HBC2	Depression	6-14	2.23
	HBC1	No depression	6-14	1.85
<b>Special Care Low</b>				
Cerebral palsy, multiple sclerosis, or Parkinson's disease with Nursing function score <=11; respiratory failure and oxygen therapy while a resident; feeding tube (calories >= 51% or calories =26-50% and fluid >=501cc); ulcers (2 or more stage II pressure ulcers, or stage 3, stage 4, or unstageable due to slough or eschar, 2 or more venous ulcers or stage 2 pressure with 1 venous/arterial) with 2 or more skin care treatments; foot infection/diabetic foot ulcer/open lesion of foot with dressings to feet; radiation treatment or dialysis while a resident	LDE2	Depression	0-5	2.07
	LDE1	No Depression	0-5	1.72
	LBC2	Depression	6-14	1.71
	LBC1	No Depression	6-14	1.43
<b>Clinically Complex</b>				
Extensive Services, Special Care High, or Special Care Low qualifier and Nursing function score of 15-16; pneumonia; hemiplegia with Nursing function score <=11; open lesions with treatment or surgical wounds; burns; chemotherapy, oxygen, IV medications or transfusions while a resident	CDE2	Depression	0-5	1.86
	CDE1	No Depression	0-5	1.62
	CBC2	Depression	6-14	1.54
	CBC1	No Depression	6-14	1.34
	CA2	Depression	15-16	1.08
CA1	No Depression	15-16	0.94	
<b>Behavioral Cognitive Symptoms</b>				
Cognitive impairment BIMS <=9 or CPS >=3 or hallucinations or delusions or physical or verbal behavioral symptoms towards others, or other behavioral symptoms, rejection of care, or wandering and Nursing function score 11-16	BAB2	Restorative 2+	11-16	1.04
	BAB1	Restorative 0-1	11-16	0.99
<b>Reduced Physical Function</b>				
No clinical variables of previous categories	PDE2	Restorative 2+	0-5	1.57
	PDE1	Restorative 0-1	0-5	1.47
	PBC2	Restorative 2+	6-14	1.21
	PBC1	Restorative 0-1	6-14	1.13
	PA2	Restorative 2+	15-16	0.70
	PA1	Restorative 0-1	15-16	0.66

#### Restorative Nursing: 2 or more 6+/days/week, 15 min

- Urinary and/or bowel training program
- Dressing or grooming
- Splint or brace
- Passive and/or active range of motion
- Eating or swallowing
- Bed mobility and/or walking
- Amputation/prosthesis
- Transfer
- Communication

Powering Potential  
beyond the walls of therapy.

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# Support of Nursing Related Categories

## Extensive Services

Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident

## Special Care High

Comatose; septicemia; diabetes w/ daily inj. & order changes on 2+ days; quadriplegia with Nursing Function score  $\leq 11$ ; COPD and SOB while lying flat; fever with pneumonia, vomiting, tube feed, or weight loss; parenteral/IV feedings; respiratory therapy for 7 days

## Special Care Low

Cerebral palsy, multiple sclerosis, or Parkinson's disease with Nursing Function score  $\leq 11$ ; respiratory failure and oxygen therapy while a resident; feeding tube (calories  $\geq 51\%$  or calories =26-50% and fluid  $\geq 501\text{cc}$ ); ulcers (2 or more stage II pressure ulcers, or stage 3, stage 4, or unstageable due to slough or eschar, 2 or more venous ulcers or stage 2 pressure with 1 venous/arterial) with 2 or more skin care treatments; foot infection/diabetic foot ulcer/open lesion of foot with dressings to feet; radiation treatment or dialysis while a resident

# Support of Nursing Related Categories

## **Clinically Complex**

Extensive Services, Special Care High, or Special Care Low qualifier and Nursing function score of 15-16; pneumonia; hemiplegia with Nursing function score  $\leq 11$ ; open lesions with treatment or surgical wounds; burns; chemotherapy, oxygen, IV medications or transfusions while a resident

## **Behavioral Cognitive Symptoms**

Cognitive impairment BIMS  $\leq 9$  or CPS  $\geq 3$ , hallucinations, delusions, physical or verbal behavioral symptoms towards others, behavioral symptoms, rejection of care, wandering and Nursing Function score 11-16


## **Reduced Physical Function**

No clinical variables of previous categories



**Clinician Rule of Thumb**

If it isn't documented,  
*it didn't happen.*



Nursing Documentation  
**Successful under PDPM**

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**Support  
Skilled Care  
Delivered**

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**Medical Record  
Validated in  
Audits**

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**Accurate  
Reimburse-  
ment**

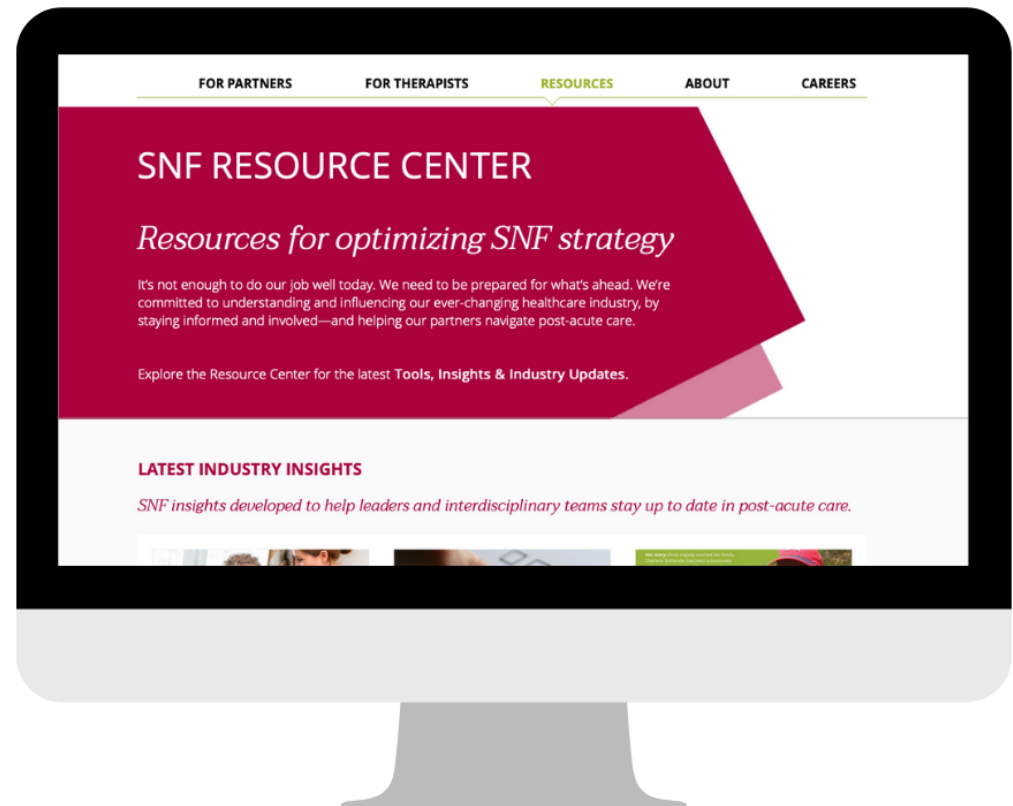
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**Collaboration  
of IDT**

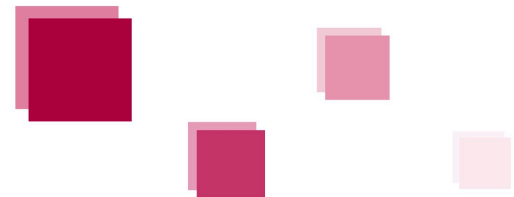
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- Latest industry insights
- Quick guides
- On demand webinars
- Interactive planning tools







Join us next time!

August 20<sup>th</sup> at 12-12:30pm

**Webinar: FY 2020 Final Rule &  
Updated Resources**



# THANK YOU



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